

Filing Status Single Married filing jointly Married filing separately (MFS) Head of household (HOH) Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial SAIKUMAR	Last name NALLA	Your social security number 689-53-8432
If joint return, spouse's first name and middle initial	Last name	Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. 2212 LACARI ST		Apt. no. A2	Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input checked="" type="checkbox"/> You <input type="checkbox"/> Spouse
City, town, or post office. If you have a foreign address, also complete spaces below. MAGNOLIA	State AR	ZIP code 71753	
Foreign country name	Foreign province/state/county	Foreign postal code	

At any time during 2020, did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No

Standard Deduction **Someone can claim:** You as a dependent Your spouse as a dependent Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness **You:** Were born before January 2, 1956 Are blind **Spouse:** Was born before January 2, 1956 Is blind

Dependents (see instructions): If more than four dependents, see instructions and check here ▶ <input type="checkbox"/>	(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions): Child tax credit	Credit for other dependents
						<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Attach Sch. B if required.	1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	31,375.
	2a Tax-exempt interest	2a	
	3a Qualified dividends	3a	
	4a IRA distributions	4a	
	5a Pensions and annuities	5a	
	6a Social security benefits	6a	
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>	7		
8 Other income from Schedule 1, line 9	8	-4,810.	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income ▶	9	26,565.	
10 Adjustments to income:			
a From Schedule 1, line 22	10a		
b Charitable contributions if you take the standard deduction. See instructions	10b		
c Add lines 10a and 10b. These are your total adjustments to income ▶	10c		
11 Subtract line 10c from line 9. This is your adjusted gross income ▶	11	26,565.	
12 Standard deduction or itemized deductions (from Schedule A)	12	12,400.	
13 Qualified business income deduction. Attach Form 8995 or Form 8995-A	13		
14 Add lines 12 and 13	14	12,400.	
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	15	14,165.	

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	1,504.
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	1,504.
19	Child tax credit or credit for other dependents	19	
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	1,504.
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	0.
24	Add lines 22 and 23. This is your total tax	24	1,504.
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	4,288.
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	4,288.
26	2020 estimated tax payments and amount applied from 2019 return	26	
27	Earned income credit (EIC) No	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	600.
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	600.
33	Add lines 25d, 26, and 32. These are your total payments	33	4,888.

• If you have a qualifying child, attach Sch. EIC.
• If you have nontaxable combat pay, see instructions.

Refund

34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	3,384.
35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	3,384.
b	Routing number 1 0 3 0 0 0 6 4 8		
c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 5 5 5 1 5 0 3 5 5		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	

Amount You Owe

For details on how to pay, see instructions.

37	Subtract line 33 from line 24. This is the amount you owe now	37	
Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.			
38	Estimated tax penalty (see instructions)	38	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions Yes. Complete below. No

Designee's name _____ Phone no. _____ Personal identification number (PIN) _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)
Phone no.	Email address		

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if:
SYAM PRIYA RAM SAGAR GUPTA TALLAM	SYAM PRIYA RAM SAGAR GUPTA TALLAM	01/28/2021	P02082703	<input type="checkbox"/> Self-employed
Firm's name	Phone no.		Firm's EIN	
GLOBAL TAXES LLC	(678) 965-9522		30-1017196	
Firm's address 2530 Pebble Creek Ln Cumming GA 30041				

**SCHEDULE 1
(Form 1040)**

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ **Attach to Form 1040, 1040-SR, or 1040-NR.**
▶ **Go to www.irs.gov/Form1040 for instructions and the latest information.**

OMB No. 1545-0074

2020
Attachment
Sequence No. **01**

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
SAIKUMAR NALLA

Your social security number
689-53-8432

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	-4,810.
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	
8	Other income. List type and amount ▶	8	
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	-4,810.

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income . Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2020

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041.

▶ Go to www.irs.gov/ScheduleE for instructions and the latest information.

Name(s) shown on return

Your social security number

SAIKUMAR NALLA

689-53-8432

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use **Schedule C**. See instructions. If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions Yes No

B If "Yes," did you or will you file required Form(s) 1099? Yes No

1a	Physical address of each property (street, city, state, ZIP code)				
A	GURAZALA GUNTUR ANDHRA PRADESH IN 522415				
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	3		365	0	<input type="checkbox"/>
B					<input type="checkbox"/>
C					<input type="checkbox"/>

Type of Property:

- 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental
- 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties:	A	B	C
3	Rents received	3	320.		
4	Royalties received	4			

Expenses:

5	Advertising	5	80.		
6	Auto and travel (see instructions)	6	220.		
7	Cleaning and maintenance	7	180.		
8	Commissions.	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest.	13	4,500.		
14	Repairs.	14	150.		
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18			
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	5,130.		

21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198** **21** -4,810.

22 Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions) **22** (-4,810.)

23a	Total of all amounts reported on line 3 for all rental properties	23a	320.		
b	Total of all amounts reported on line 4 for all royalty properties	23b			
c	Total of all amounts reported on line 12 for all properties	23c			
d	Total of all amounts reported on line 18 for all properties	23d			
e	Total of all amounts reported on line 20 for all properties	23e	5,130.		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses **24**

25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here **25** (4,810.)

26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Schedule 1 (Form 1040), line 5. Otherwise, include this amount in the total on line 41 on page 2 **26** -4,810.



Primary SSN 689-53-8432

		ROUND ALL AMOUNTS TO WHOLE DOLLARS		(A) Primary/Joint Income	(B) Spouse's Income Status 4 Only	
INCOME Attach W-2(s)/1099(s) here / Attach check on top of W-2(s)/1099(s)	8. Wages, salaries, tips, etc: (Attach W-2s)	8		31,375.00	00	
	9. Military pay: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	10. Interest income: (If over \$1,500, Attach AR4)	10		00	00	
	11. Dividend income: (If over \$1,500, Attach AR4)	11		00	00	
	12. Alimony and separate maintenance received:	12		00	00	
	13. Business or professional income: (Attach federal Schedule C)	13		00	00	
	14. Capital gains/(losses) from stocks, bonds, etc: (See instructions, Attach federal Schedule D)	14		00	00	
	15. Other gains or (losses): (Attach federal Form 4797 and/or AR4684 if applicable)	15		00	00	
	16. Non-qualified IRA distributions and taxable annuities: (Attach All 1099Rs)	16		00	00	
	17. Military retirement: Primary <input type="text" value="00"/> Spouse <input type="text" value="00"/>					
	18A. Primary employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18A		00		
	18B. Spouse employer pension plan(s)/qualified IRA(s): (See instructions, Attach all 1099Rs) Gross distribution <input type="text" value="00"/> Taxable amount <input type="text" value="00"/> Less \$6,000	18B		00	00	
	19. Rents, royalties, partnerships, estates, trusts, etc.: (Attach federal Schedule E)	19		-4,810.00	00	
	20. Farm income: (Attach federal Schedule F)	20		00	00	
	21. Unemployment (Attach 1099-G)	21		00	00	
	22. Other income/depreciation differences: (Attach Form AR-OI)	22		00	00	
	23. TOTAL INCOME: (Add lines 8 through 22)	23		26,565.00	00	
	24. TOTAL ADJUSTMENTS: (Attach Form AR1000ADJ)	24		00	00	
	25. ADJUSTED GROSS INCOME: (Subtract line 24 from line 23)	25		26,565.00	00	
	TAX COMPUTATION	26. Select tax table: (Select only one)	26			
		27. <input type="checkbox"/> Low income table (\$0), For low income qualifications see line 26 instructions <input checked="" type="checkbox"/> Standard deduction (\$2,200 or \$4,400 for filing status 2 only) <input type="checkbox"/> Itemized deductions (Attach AR3)	27		2,200.00	00
		28. NET TAXABLE INCOME: (Subtract line 27 from line 25)	28		24,365.00	00
		29. TAX: (Enter tax from tax table)	29		790.00	00
		30. Combined tax: (Add amounts from line 29, columns A and B)	30			790.00
		31. Enter tax from Lump Sum Distribution Averaging Schedule: (Attach AR1000TD)	31			00
32. Additional tax on IRA and qualified plan withdrawal and overpayment: (Attach federal Form 5329, if required)		32			00	
33. TOTAL TAX: (Add lines 30 through 32)	33			790.00		
TAX CREDITS	34. Personal tax credit(s): (Enter total from line 7D)	34		29.00		
	35. Child care credit: (20% of federal credit allowed; attach federal Form 2441)	35		00		
	36. Other credits: (Attach AR1000TC)	36		00		
	37. TOTAL CREDITS: (Add lines 34 through 36)	37			29.00	
38. NET TAX: (Subtract line 37 from line 33. If line 37 is greater than line 33, enter 0)	38			761.00		
PAYMENTS	39. Arkansas income tax withheld: (Attach state copies of W-2 and/or 1099R, W2-G)	39		1,467.00		
	40. Estimated tax paid or credit brought forward from 2019:	40		00		
	41. Payment made with extension: (See instructions)	41		00		
	42. AMENDED RETURNS ONLY - Previous payments: (See instructions)	42		00		
	43. Early childhood program: Certification number: _____ (20% of federal credit; Attach federal Form 2441 and Form AR1000EC)	43		00		
	44. TOTAL PAYMENTS: (Add lines 39 through 43)	44			1,467.00	
45. AMENDED RETURNS ONLY - Previous refund: (See instructions)	45			00		
46. Adjusted total payments: (Subtract line 45 from line 44)	46			1,467.00		
REFUND OR TAX DUE	47. AMOUNT OF OVERPAYMENT/REFUND: (If line 46 is greater than line 38, enter difference)	47			706.00	
	48. Amount to be applied to 2021 estimated tax:	48		00		
	49. Amount of Check-off Contributions: (Attach Schedule AR1000-CO)	49		00		
	50. AMOUNT TO BE REFUNDED TO YOU: (Subtract lines 48 and 49 from line 47) REFUND	50			706.00	
	51. AMOUNT DUE: (If line 46 is less than line 38, enter difference; If over \$1,000, continue to 52A) TAX DUE	51			00	
	52A. UEP: Attach Form AR2210 or AR2210A. If required, enter exception in box 52A <input type="text" value=""/> Penalty 52B <input type="text" value="00"/>					
52C. Add lines 51 and 52B: (See instructions) TOTAL DUE	52C			00		

PAY ONLINE: Please visit our secure site ATAP (Arkansas Taxpayer Access Point) at www.atap.arkansas.gov. ATAP allows taxpayers or their representatives to log on, make payments and manage their account online. ATAP is available 24 hours.

PAY BY CREDIT CARD: (See instructions)

PAY BY MAIL: (See instructions)



ARKANSAS INDIVIDUAL INCOME TAX DECLARATION FOR ELECTRONIC FILING

Primary's Legal First Name and Middle Initial ● SAIKUMAR		Last Name ● NALLA		Primary's Social Security Number ● 689-53-8432		
Spouse's Legal First Name and Middle Initial		Last Name		Spouse's Social Security Number ●		
Mailing Address (Number and Street, P.O. Box or Rural Route) 2212 LACARI ST, APT. A2				Telephone ● (870) 949-9249		
City MAGNOLIA		State or Province AR		ZIP 71753		
<input type="checkbox"/> Check if address is outside U.S. Foreign Country						
PART I - TAX RETURN INFORMATION (Whole Dollars Only)						
1. Total Income (Form AR1000F or AR1000NR, Line 23)				1	26,565.	00
2. Net Tax (Form AR1000F or AR1000NR, Line 38)				2	761.	00
3. State Income Tax Withheld (Form AR1000F or AR1000NR, Line 39)				3	1,467.	00
4. Refund (Form AR1000F or AR1000NR, Line 47)				4	706.	00
5. Tax Due (Form AR1000F or AR1000NR, Line 51)				5		00
PART II - DECLARATION OF TAXPAYER						
6a. <input type="checkbox"/> I consent that my refund be direct deposited as designated in the electronic portion of my 2020 Arkansas income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund. The refund will be direct deposited to the bank account(s) shown on page 1 of the Form AR1000F/AR1000NR.						
6b. <input checked="" type="checkbox"/> I do not want direct deposit of my refund or I am not receiving a refund.						
6c. <input type="checkbox"/> I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Income Tax Payment form (AR TAX PMT).						
6d. <input type="checkbox"/> I authorize the State of Arkansas Income Tax Section to initiate debit entries to my account as indicated on the Arkansas Estimated Tax Payment form (AR EST PMT) or Arkansas Extension Payment form (AR EXT PMT).						
If I have filed a balance due return, I understand that if the State of Arkansas does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and penalties. If I have filed a joint federal and state return and my federal return is rejected, I understand my state return will be rejected also.						
Under penalties of perjury, I declare that the information I have given my ERO and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2020 Arkansas income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO sending my return, this declaration, and accompanying schedules and statements to the State of Arkansas. I also consent to the State of Arkansas sending my ERO and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not my return is accepted, and if rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize the State of Arkansas to disclose to my ERO and/or transmitter the reason(s) for the delay, or when the refund was sent. In addition, by using a computer system and software to prepare and transmit my return electronically, I consent to the disclosure to the State of Arkansas of all information pertaining to my use of the system and software and to the transmission of my tax return electronically.						
Sign Here						
Primary's Signature		Date		Spouse's Signature		
PART III - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER						
I declare that I have reviewed the above taxpayer's return and that the entries on Form AR8453 are complete and correct to the best of my knowledge. If I am only a collector, I understand that I am not responsible for reviewing the taxpayer's return; I declare that Form AR8453 accurately reflects the data on the return. I have obtained the taxpayer's signature on Form AR8453 before submitting this return to the State of Arkansas, and have provided the taxpayer with a copy of all forms and information to be filed with the State of Arkansas. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration of Paid Preparer is based on all information of which the preparer has knowledge.						
ERO'S Use Only		01/28/2021		Check if paid preparer <input type="checkbox"/> Check if self-employed <input type="checkbox"/>		
ERO'S Signature		Date		Your SSN or PTIN		
GLOBAL TAXES LLC 2530 PEBBLE CREEK LN CUMMING GA 30041				30-1017196		
Firm's name and address				FEIN		
Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.						
Paid Preparer's Use Only		01/28/2021		Check if self-employed <input type="checkbox"/>		
Preparer's Signature		Date		Preparer's SSN or PTIN		
SYAM PRIYA RAM SAGAR GUPTA TALLAM 2530 PEBBLE CREEK LN CUMMING GA 30041				P02082703		
Firm's name and address				FEIN		